## Exhibit B

FORM B16 (Official Form 78) 516/05 Doc 7917-2	Entered 01/08/10 12:53:10 Page 2 of 4
United States Bankruptcy Court	DISTRICT OF NEVADA PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORTGAGE CO-	Case Number
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense may	
Name of Creditor (The person or other entity to whom the debtor owes money or property): STANLEY +  FLORENCE ALEXANDER, IND +  AS TRUSTEES	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent:  ROBERT C. LEPOME  10120 S. EASTERN #200  HENDERSON, NV 89052  Telephone number: (702) 492-1271	<ul> <li>Check box if you have never received any notices from the bankruptcy court in this case.</li> <li>Check box if the address differs from the address on the envelope sent to you by the court.</li> </ul> THIS SPACE IS HOR COURT USE ONLY.
Last four digits of account or other number by which creditor identifies debtor: 2403	Check here replaces if this claim amends a previously filed claim, dated:
1. Basis for Claim  General Claim  Goods sold  Services performed  Money loaned  Personal injury/wrongful death  Taxes  Other  NECLICENCE & FRAND	Retiree benefits as defined in 11 U.S.C. § 1114(a)  Wages, salaries, and compensation (fill out below)  Last four digits of your SS #:  Unpaid compensation for services performed  from
2. Date debt was incurred: JPN 1, 2005 to APRIL 12, 2006	3. If court judgment, date obtained:  at best describe your claim and state the amount of the claim at the time case file.
See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 40.000  Check this box if: a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) rouly part of your claim is entitled to priority.	Secured Claim  Claim, or lone or  Claim Check this box if your claim is secured by collateral (including a right of setoff).
Unsecured Priority Claim	Brief Description of Collateral:  Real Estate
☐ Check this box if you have an unsecured claim, all or part of we entitled to priority.	Amount of arrearage and other charges at time case filed included in
Amount entitled to priority \$	secured claim, if any: \$
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	<ul> <li>Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</li> </ul>
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4).  ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5. Total Amount of Claim at Time Case Filed:	\$400,000 400,000
AS OF NOV 6,20	(unsecuted) (secured) (priority) (Total) (lition to the principal amount of the claim. Attach itemized statement of all
<ol> <li>Credits: The amount of all payments on this claim has been making this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SENI documents are not available, explain. If the documents are voluments are voluments.</li> </ol>	ents, such as promissory notes, purchase cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS. If the
Date-Stamped Copy: To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim.  Date Sign and print the name and title, if any, of the state of the file of the f	tirn nee a 4 200c

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.



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United States Bankruptcy Court	Dis	TRICT OF NEVADA	PROOF OF CLAIM		
Name of Debior USA COMMERCIAL MORTGAGE Co.		Number 6-10725			
NOTE: This form should not be used to make a claim for an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property):  JAMES CIELEN, a married man	cisc you	ck box if you are aware that anyone has filed a proof of claim relating to r claim. Attach copy of statement ng particulars.			
Name and address where notices should be sent:  ROBERT C. LEPOME  10/20 S. EASYERN # 200  HENDERSON, NV 89052  Telephone number: (702) 492-127/	noti case Che add	ck box if you have never received and ces from the bankruptcy court in this ck box if the address differs from the ress on the envelope sent to you by court.			
Last four digits of account or other number by which creditor identifies debtor: 5822	1	ck here replaces is claim <u>amends</u> a previously f	iled claim, dated:		
1. Basis for Claim  General Unse  Goods sold  Services performed  Money loaned  Personal injury/wrongful death  Taxes	ECURED 4	Last four digits of your SS # Unpaid compensation for se from	sation (fill out below) : rvices performed _ to		
Taxes NEGLICENCE & FRAUD		(date)	(date)		
2 Date debt was incurred: JAN 1, 2005 To APRIL 12, 2006	3.	If court judgment, date obtained	ed:		
See reverse side for important explanations.  Unsecured Nonpriority Claim \$ \( \frac{\sqrt{3}}{\sqrt{5}} \)  Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:					
Unsecured Priority Claim	<del>-</del>	☐ Real Estate ☐ Motor			
Check this box if you have an unsecured claim, all or part of we entitled to priority.  Amount entitled to priority \$	vhich is	Value of Collateral: \$  Amount of arrearage and other ch secured claim, if any: \$	arges at time case filed included in		
Specify the priority of the claim:		Up to \$2,225* of deposits toward p	urchase lease or rental of property		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	er .	or services for personal, family, or l § 507(a)(7).	nousehold use - 11 U.S.C.		
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4).	n 180 or's □ *An	Taxes or penalties owed to governm Other - Specify applicable paragrap nounts are subject to adjustment on 4 with respect to cases commenced on	h of 11 U.S.C. § 507(a)().  1/1/07 and every 3 years thereafter		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a	)(5).	U 2 (7=7)	43.750		
<ul> <li>Total Amount of Claim at Time Case Filed:</li> <li>Check this box if claim includes interest or other charges in add interest or additional charges.</li> </ul>	<u>د</u> lition to th	(unsecured) (secured) e principal amount of the claim. Atta	(priority) (Total)		
interest or additional charges.  6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of This Space is for Court Use Only					
making this proof of claim.			Bridge Bridge Grown Grown Grown		
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the					
documents are not available, explain. If the documents are voluminous, attach a summary.  8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim.					
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorname)  12/8/06	1.0		· · · · · · · · · · · · · · · · · · ·		
KOBGRT L. LETOME, A	4774 F	OR CLAIMANT	i		

FORM B10 (Official Form 19) (19/95)5-100/725 IDOC 791	7-21 catantered: 1031/08/310/102:53-10	Page 4 of 4		
UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM		
Name of Debior USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	PROOF OF CLAIM		
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	7			
Name of Creditor (The person or other entity to whom the debtor owes money or property): WOLF  + CLAUDIA VOSS TRUSTLES OF THE VOSS FAMILY TRUST UTD 10/4/99  Name and address where notices should be sent:  ROBERT C. LEPOME  10/20 S. EASTERN # 200  HENDERSON, NV 89052  Telephone number: (702) 492-127/	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by	This Space is for Court Use Only		
Last four digits of account or other number by which creditor identifies debtor:	the court.  Check here replaces if this claim amends a previously file	d claim, dated:		
1. Basis for Claim  Goods sold  Services performed  Money loaned  Personal injury/wrongful death  Taxes  Massis for Claim  GENERAL UNSECURED  Wages, salaries, and compensation (fill out below)  Last four digits of your SS #:  Unpaid compensation for services performed  from  (date)  (date)				
2. Date debt was incurred: JAN 1, 2005 To APRIL 12, 2006	3. If court judgment, date obtained			
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 346,662  Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or				
Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of wentitled to priority.  Amount entitled to priority \$	Brief Description of Collatera  Real Estate Motor Value of Collateral: S  Amount of arrearage and other char, secured claim, if any: \$	Vehicle Other		
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	Up to \$2,225* of deposits toward pur or services for personal, family, or ho \$ 507(a)(7).			
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4).  ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	ntal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). /07 and every 3 years thereafter of adjustment.			
5. Total Amount of Claim at Time Case Filed:	\$346,662	F346,662		
(unsecuted) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6. Credits: The amount of all payments on this claim has been making this proof of claim.	credited and deducted for the purpose of	THIS SPACE IS ITOR COURT USE ONLY		
<ol> <li>Supporting Documents: Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volur</li> <li>Date-Stamped Copy: To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim.</li> </ol>				
Date  Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn to the file this claim.)  ROSEAT C. LEPOME, A.	the creditor or other person authorized to mey, if any):  BAR#1980  ATTY FOR CLAIMANT			